

MENTALLY ILL OFFENDER (MIO)

Program Evaluation Survey

This survey will become part of your county 's MIO contract with the Board of Corrections. For purposes of this survey:

- \$ Program refers to a defined set of interventions that will be given to a specified research sample in order to evaluate well-stated hypotheses. If you have more than one program, please fill out a separate survey for each program.
- \$ Research Design refers to the procedures you will use to test the stated hypotheses for your program. In some instances you will have more than one Research Design for a program, in which case a separate survey must be completed for each Research Design.
- \$ Project refers to all the work that you propose to do with the MIO grant. For example, if you have two programs and two research designs for each program, the entire effort would constitute your project (and you would complete four surveys.)

To simplify the task of completing this survey, we refer you to two sources: 1) The initial Research Design Summary Form; and 2) Your program 's responses to the technical compliance issues identified during the grant review. If no additional information was requested of a particular item on the Research Design Summary Form, you can enter the original text into the appropriate space below. If more information was requested, provide a more complete response.

1.	County: Riverside	
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2. **Program Name:** Current Board of Corrections grant participants have found it useful to pick a name that helps them to create a program identity (two examples are the IDEA program and the Home Run programs.) Indicate the title you will be using to refer to your program:

Specific Housing Discharge (Planning) and Probation (SHDAP)

3. **Treatment Interventions:** Describe the components of the program that you will be evaluating. Another way of saying this is, Describe how the treatment offenders (those in the program) will be treated differently than the comparison offenders (e.g., services while incarcerated, more intensive supervision, more thorough assessment, a wider range of services, more aggressive case management, better aftercare.

There are three sets of interventions in this program. 1) assignment to a dedicated housing unit, 2) discharge planning and aftercare and 3) intensive probation supervision.

For the first intervention, the most seriously mentally ill offenders will be identified and then, through a quasi-random process, assigned to the housing unit or to a regular jail cell.

This intervention provides housing in a dedicated housing unit operated by the Riverside County Sheriff's Department. Within this unit, all offenders will receive:

1. Dedicated housing unit; suicide prevention cells
2. Correctional staff with augmented training in dealing with mentally ill offenders
3. Increased access to mental health staff; one staff member assigned to unit daily

For the second intervention, half of the individuals in this group will receive discharge planning and aftercare while the other half of each group will receive the current treatment (released from custody to the community).

This intervention provides:

1. Discharge planning- referral to specific community based programs
2. Applications for government subsidy with assistance in filling out paperwork
3. Sheltered living vouchers, if necessary
4. After care - representative payee

For the third intervention approximately one half of each group, those that received discharge planning and those that did not, will receive a probation sentence when they are released from custody and will therefore receive the intensive probation supervision.

This intervention provides :

- a. Intensive probation supervision for the term of their probation.
4. **Research Design:** Describe the Research Design that you will be using. Issues to be addressed here include the name of the design (e.g., true experimental design), the use of random assignment, and any special features that you will include in the design (e.g., the type of comparison group you will use for quasi-experimental designs.)

Quasi-experimental research design

- 4a. Check (T) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., True experimental design and Quasi-experimental design), you are using more than one research design and will need to complete a separate copy of the survey for the other design. Also, check the statements that describe the comparisons you will be making as part of your research design.

Research Design (Check One)	
<input type="checkbox"/>	True experimental with random assignment to treatment and comparison groups
X	Quasi-experimental with matched contemporaneous groups (treatment and comparison)
<input type="checkbox"/>	Quasi-experimental with matched historical group
<input type="checkbox"/>	Other (Specify)
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, Single Assessment
<input type="checkbox"/>	Post-Program, Repeated Assessments (e.g., 6 and 12 months after program separation)
<input type="checkbox"/>	Pre-Post Assessment with Single Post-Program Assessment
X	Pre-Post Assessment with Repeated Post-Program Assessments (e.g., 6 and 12 months after program separation)
<input type="checkbox"/>	Other (Specify)

- 4b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

This research design will not include an historical comparison group

5. **Cost/Benefit Analysis:** Indicate by checking Ayes" or Ano" whether you will be conducting a program cost/benefit analysis that includes at least: a) the cost per participant of providing the interventions to the treatment and comparison groups; b) the cost savings to your county represented by the effectiveness of the treatment interventions; and c) your assessment of the program ' s future (e.g., it will continue as is, be changed significantly, be dropped) given the results of the cost/benefit analysis.

Cost/Benefit Analysis	
X	Yes
<input type="checkbox"/>	No

- 5a. If you will perform a cost/benefit analysis, describe how that analysis will be performed:

Riverside County intends to compare the per inmate cost of:

1. Recidivism and the cost of housing inmates in the Dedicated housing unit for those who receive only the first set of interventions vs. recidivism and the cost of housing inmates in the general population who receive neither interventions.
2. Recidivism and the cost of housing inmates in the Dedicated housing unit for those who receive the first set of interventions vs. recidivism and the cost of housing inmates in the general population for those who receive the second set of interventions
3. Recidivism and the cost of housing inmates in the Dedicated housing unit for those

who receive the second set of interventions vs. recidivism and the cost of housing inmates in the general population who receive neither intervention.

4. Recidivism and the cost of housing inmates in the Dedicated housing unit for those who receive the second set of interventions vs. recidivism and the cost of housing inmates in the general population for those who receive the second set of interventions.
5. Recidivism and the cost of housing inmates in the Dedicated housing unit for those who receive both the first and the second sets of interventions vs. recidivism and the cost of housing inmates in the general population who receive no interventions
6. Recidivism and the cost of housing inmates in the Dedicated housing unit for those who receive both the first and the second sets of interventions vs. recidivism and the cost of housing inmates in the general population who receive the second set of interventions.
7. Compare the historical (last three years) costs of inmates in safety cells (staff intensive/staff costs) and the same costs during the grant period.
8. Compare the historical (last three years) costs of transporting inmates to ETS (Emergency Mental Health Treatment Facility) and the same costs during the grant period.
9. Compare the historical (last three years) costs involved in critical incidents involving MIOs and the same costs during the grant period.
10. Recidivism and the cost of providing interventions one and two as compared to the cost of recidivism and regular treatment while in custody and after release.
11. Recidivism and the cost of providing interventions one and three as compared to the cost of recidivism and regular treatment while in custody and after release.
12. Recidivism and the cost of providing interventions two and three as compared to the cost of recidivism and regular treatment while in custody and after release.
13. Recidivism and the cost of providing interventions one, two and three as compared to the cost of recidivism and regular treatment while in custody and after release.

The program will include a projection of the costs without either intervention in place (based on the number of MIOs in custody during the four year period of time and the average cost determined prior to the beginning of the program) and will compare these to the costs of the program. A recommendation to continue or discontinue the program will be made based upon the

outcome of this total evaluation.

6. **Target Population:** This refers to the criteria that treatment and comparison subjects must meet in order to be able to participate in the research. Target criteria might include diagnostic categories, age, gender, risk level, legal history, geographical area of residence, etc. Please provide a detailed description of the criteria you will be using and how you will measure those criteria to determine eligibility.

The target population will be those persons booked into the Riverside County Correctional System and:

1. Who are transferred to the Robert Presley Detention Center (RPDC), and
- b. Who are diagnosed with a mental illness or a dual diagnosis as defined in DSM IV; **except** for

Offenders with a diagnoses of psychosis (which would prevent them from being amenable to treatment)

- 6a. Describe any standardized instruments or procedures that will be used to determine eligibility for program participation, and the eligibility criteria associated with each (e.g., significant psycho pathology " as measured by the MMPI, etc.)

DSM IV: Diagnosis of mental illness or dual diagnosis

7. **Sample Size:** This refers to the number of subjects who will participate in the treatment and comparison samples during the entire course of the research. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program.) In addition, there will probably be mentally ill offenders who participate in the program you will be researching and not be part of the research sample (e.g., they may not meet one or more the criteria for participation in the research,) or they may enter into the program too late for you to conduct the follow-up research you intend to do. **Using the table below**, indicate the number of participants who will complete the treatment interventions or comparison group interventions, plus the minimum six months follow-up period after program completion. This also will be the number of subjects that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the four program years, as well as the total program. Under **Unit of Analysis**, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)				
Program Year	Treatment Group1 (Dedicated Housing)			
First Year	100			
Second Year	100			
Third Year	100			
Total	300			

Program Year	Treatment Group 2a1 Increased Access and Discharge Planning, no Probation	Treatment Group 2a2 Increased Access, Discharge Planning and Probation	Treatment Group 2a3 Increased Access, no Discharge Planning, but Probation	Comparison Group 2a4 Increased Access, no Discharge Planning no Probation
First Year	25	25	25	25
Second Year	25	25	25	25
Third Year	25	25	25	25
Total	75	75	75	75

Sample Sizes (Write the expected number in each group)				
Program Year	Comparison Group 1 (General Population)			
First Year	100			
Second Year	100			
Third Year	100			
Total	300			

Program Year	Treatment Group 2b1 General Population Housing and Discharge Planning	Treatment Group 2b2 General Population Housing, Discharge Planning and Probation	Treatment Group 2b3 General Population Housing, No Discharge Planning, but Probation	Comparison Group 2b4 General Population Housing, no Discharge Planning, no Probation
First Year	25	25	25	25
Second Year	25	25	25	25
Third Year	25	25	25	25
Total	75	75	75	75

Unit of Analysis (Check one)	

<input checked="" type="checkbox"/>	Individual Offender	<input type="checkbox"/>	Family
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	Institution		Geographic Area (e.g., neighborhood)
	Other		Other:

8 Key Dates :

- "Program Operational " is the date that the first treatment subject will start in the program.
- "Final Treatment Completion " is the date when the last treatment subject in the research sample will finish the interventions that constitute the program (and before the start of the follow-up period.)
- "Final Follow Up Data " is the date when the last follow-up data will be gathered on a research subject (e.g., six months after the last subject completes the treatment interventions or whenever these data will become available.)

Program Operational Date: 10-01-99
Final Treatment Completion Date: 12-31-02
Final Follow-up Data Date: 06-30-03

9. **Matching Criteria:** (Whether or not you are using a true experimental design), please indicate the variables that you will be tracking to assess comparability between the groups. Matching criteria might include: age, gender, ethnicity, socioeconomic status, criminal history, mental health diagnosis, etc.

Mental health diagnosis by a mental health professional using DSM IV
Demographics (e.g., age, sex, ethnicity)
Criminal history/current charge

- 9a. After each characteristic listed above, describe how it will be measured:

Mental Health: History of mental health, severity of mental health
Crime: History of criminal record, severity of criminal record and/or current charge
Age: Actual chronological age, not categorical
Ethnicity: White, not Hispanic; Hispanic; Black; Asian; American Indian

- 9b. Which of these characteristics, if unequally distributed between the treatment and comparison groups, would complicate or confound the tests of your hypotheses? How will you manage that problem?

Diagnosis: The actual number of individuals to be served will be higher than the projected sample size. The final analysis will report on a sub-sample of the treatment group to ensure that, with regard to diagnosis, the treatment group matches the comparison group

as closely as possible. For example, the SHDAC will process more than 150 inmates in each group per year, but the analysis will include the most closely matched inmates in each group. In any event, to account for unequal distribution among groups, MANOVA will measure the variance among group means rather than between raw scores.

- 9c. If you are using an historical comparison group, describe how you will ensure comparability (in terms of target population and matching characteristics) between the groups.

This program will not use an historical comparison group

10. **Comparison Group:** The intent here is to document the kind of comparison group you will be using. If you are using a true experimental design, the comparison group will be randomly selected from the same subject pool as the treatment subjects (in which case you would enter "true experimental design" in the space below.) However, for quasi-experimental designs, the comparison group might come from a number of different sources such as: matched institutions, matched geographical areas, other matched counties, a matched historical group, etc.

Please identify the source of your comparison group.

The comparison group will consist of all inmates who qualify for the program, but who cannot participate due to a lack of space in the dedicated housing unit.

The comparison group for the second intervention (discharge planning and aftercare services) will be randomly selected from each of the two groups identified for the dedicated housing unit intervention (the group that does receive placement in the unit and the group that does not). In other words, half of the individuals leaving the dedicated housing unit will be provided discharge planning and aftercare while the other half will receive the current standard of care. Similarly, half the individuals leaving the regular jail population will receive discharge planning and aftercare. The other half will receive the current standard of care.

The comparison group for the third intervention, intensive probation supervision, will be approximately one half of each group (those that received discharge planning and those that did not) will receive a probation sentence when they are released from custody and will therefore receive the intensive probation supervision intervention.

11. **Assessment Process:** The intent here is to summarize the assessment process that will determine the nature of the interventions that the mentally ill offenders in the treatment group will receive. For example, psychological testing, multi-agency and/or multi-disciplinary assessments, etc. Also, describe the qualifications of those doing the assessments.

During the period of incarceration, MIOs in the treatment group will be housed in a dedicated housing unit. They will have increased access to specially trained personnel (correctional officers and nurses), increased documentation, increased access to treatment (mental health professionals) and housing away from general population inmates and the abuses suffered when housed with non-MIO inmates.

It is at the point of discharge that one-half of the treatment group will be assessed by psychologists and/or psychiatrists to determine the participant's need for after care services. Depending upon the need, the inmate may be assessed by a Masters of Clinical Social Work (MCSW). These assessments typically are for drug and/or alcohol counseling, job placement training, etc., while the psychologists/psychiatrists typically assess the inmates need for mental health services.

- 11a. Describe any standardized assessment instruments that will be administered to all treatment group subjects for the purposes of identifying appropriate interventions.

DSM-IV Diagnosis

- 11b. Describe any assessment instrument designed by your county that you will use.

N/A

- 11c. Identify which assessment instruments, if any, will also be administered to comparison group subjects.

The assessment instruments will be identical to those used in the target group. Mental Health staff utilizes their standard assessment tools. All assessment tools are consistent throughout Riverside Mental Health staff.

12. **Treatment Group Eligibility:** Indicate the process (as opposed to the criteria) by which research subjects will be selected into the pool from which treatment subjects will be chosen. This process might include referral by a judge, referral by a school official, referral by a law enforcement officer, administration of a risk assessment instrument, etc.

Mentally ill offenders that are booked and transferred to the Robert Presley Detention Center will be assigned to the dedicated housing unit until that unit is full. Individuals left in the general population of the jail will constitute the comparison group. As space becomes available in the dedicated housing unit, a mentally ill offender may be transferred from the general population to the dedicated housing unit.

This needs to be managed very carefully because it would be a problem if most MIOs are able to spend some time in the housing unit. To date, our statistics indicate that openings in this unit will not occur frequently. Hence the control group is unlikely to

reside in the specialized housing. Riverside County intends to continue to monitor this for this possibility and if it becomes necessary will designate specific inmates to NOT assigned to specialized housing unit to control the housing variable.

Random selection will be used to create the second set of treatment and comparison groups: 1/2 of the dedicated housing unit treatment group and 1/2 of the jail general population group will be assigned to the Discharge Planning and Aftercare treatment group.

A court ordered (Judge) sentence of a probationary sentence will be used to create the third set of treatment and comparison groups. Approximately 1/2 of the group receiving discharge planning will receive intensive probation; the other 1/2 will not. To maintain randomness, half of the MIOs given probation by the court will be assigned to the intensive probation model- the other half will receive the current level of probation.

13. **Comparison Group Eligibility:** Indicate the process by which research subjects will be selected into the pool from which comparison subjects will be chosen. For true experimental designs, this process will be the same as for treatment subjects.

Comparison group individuals are those individuals who are identified as eligible for the treatment group, but are unable to do so because of a lack of space in the dedicated housing unit.

- 13a. If procedures for determining the eligibility of participants for the comparison group differ from those described in 12, please describe them. If different procedures are used, how will you ensure comparability of the two groups in terms of critical characteristics?

N/A

Answer questions 14-17 by filling in the table below as instructed.

14. **Outcome Variables:** In the table below, list some of the most important outcome variables that you are hypothesizing will be positively affected by your program. Possibilities include improvement in personal functioning, arrest rate, successful completion of probation, alcohol and drug-related behavior, risk classification, etc.
15. **Score/Scale:** To "measure" the effects produced by your program requires putting the variable in question on some sort of measuring scale (e.g., a test score, a count of occurrences, a rating scale, a change-score indicating progress of some sort.) For each variable, for which you are making an hypothesis, indicate in the table below the measurement that you will be statistically analyzing when you test your hypothesis.

16. **Additional Information:** To explain more fully how you intend to test your hypothesis, you might find it helpful to supply additional information. For example, you might intend to partition the data by gender, or make differential hypotheses for different age ranges. Supplying "Additional information" is optional, but if there is some aspect of the hypotheses testing that is important for us to know about, please supply the information in this section.
- 16a. For each outcome variable that will not be measured by a standardized assessment procedure, describe the measurement procedures that will be used. For instance, if your county has developed a risk assessment tool that you will be using to measure change, please describe how it works.
17. **Significance Test:** In order for a statistical procedure to be the appropriate test of a particular hypothesis, certain assumptions must be met. It is critical at the outset of a research design to make sure that the measuring devices, measuring scales, samples, and methodology produce the kind of data that fit the requirements of the intended statistical procedure. In this section, please list your choice for the testing of your hypothesis, given the research design you have chosen, the measurement you will use, and the data you will be collecting.

SHDAC

Variable	Score/Scale	Additional Information	Significance Test
Decrease in arrest rate	# of occurrences	Within and between group comparisons by diagnosis, age, arrest offense, etc.	Simple percentage MANOVA
Decrease in response time to MIOs from mental health staff	Actual response time		Historical comparison ANOVA
Increase in number of MIOs seen by mental health staff	# of occurrences	Within and between group comparisons by diagnosis, age, arrest offense, etc.	Historical comparison Simple percentages MANOVA
Decrease in use of safety cells	# of occurrences time in the cell	Within and between group comparisons by diagnosis, age, arrest offense, etc.	Historical comparison Simple percentages MANOVA
Decrease in transportation to Emergency Treatment Services	# of occurrences	Within and between group comparisons by diagnosis, age, arrest offense, etc.	Historical comparison Simple percentages MANOVA
Decrease in attempted suicides, completed suicides, and violent episodes	# of occurrences	Within and between group comparisons by diagnosis, age, arrest offense, etc.	Historical comparison Simple percentages MANOVA
Continued contact with representative payee	# of occurrences	Within and between group comparisons by diagnosis, age, arrest offense, etc.	Simple percentages MANOVA
Reintegration with the community	# of occurrences	Within and between group comparisons by diagnosis, age, arrest offense, etc.	Simple percentages MANOVA

The following questions are supplemental to the Research Design Summary Form and will help us understand how you

intend to manage data collected for this project.

18. What additional background information (if any) will be collected for the participants (both treatment and comparison)? For instance, will you gather information about family criminal background, drug involvement, family variables, work history, educational background, etc. If so, what will be collected and how?

All demographic data (e.g., age, sex, ethnicity) will be measured in order to more adequately determine if factors other than intervention/treatment, designated housing, and discharge planning could potentially impact the factors selected for study. In order to accomplish this, Riverside County will obtain the following information from inmates. A questionnaire will be developed and the information will, if possible, be verified by the Correctional Deputy assigned to the project.

- Immediate family criminal background
- Participant 's criminal history
- Family/significant other relationships
- Significant emotional events in the participant 's life (death of child, parent, divorce, loss of job, etc.)
- Drug involvement within last five years
- Family variables (e.g., intact, adopted, foster/shelter care)
- Work history (type and stability)
- Military service (type of discharge)
- Educational background (highest grade completed)
- Mental health treatment history
- Participation in other social programs
- Victimization (by type)
- Medical history (type of medical problem)
- Gang associations
- Three Strikes violation
- Violence while in custody

19. How will the process evaluation be performed? What components will be addressed and how will they be measured (e.g., services available and frequency of use of those services by each participant?) What is the time frame for gathering process-related information? What recording mechanisms will be used? If descriptive or statistical analyses will be performed, please describe what they will be.

The evaluator will monitor the following components to measure implementation:

1. Time frame in which SHDAC program is fully operational
2. Time frame for hire dates of staff
3. Time frame for modifications to suicide prevention housing
4. Time frame to conduct staff for dedicated housing unit

5. Reassignment of MIOs into dedicated housing unit
6. Time frame to develop coordination between
 1. Mental Health
 2. Medical staff
 3. Correctional staff
 4. Classification staff
 5. Medical Liaison Correctional Deputy
 6. Medical Liaison
 7. Law enforcement agencies ' COPS teams
7. Time frame to process applications for government assistance and time of approval
8. Coordination between three primary agencies to initiate program (e.g., Probation, RSO and MH)
 1. Develop MOUs
 2. Conduct meetings to identify agency participants (i.e., active participation vs. consultant role)
1. Utilization of services by the treatment vs. comparison groups
 1. Survey participants regarding ease of access to services
 2. Survey participants regarding problems with service delivery
 1. Transportation needs
 2. Hours of operation
 3. Other concerns identified by staff
 4. Other concerns identified by participants
10. Sheltered living vouchers upon release from custody
 1. Availability and cooperativeness of vendors
 2. Ease of access to sheltered living locations
 3. Any other problems in service delivery
11. Time frame involved with purchase of computer system to track and analyze data
12. Any other issues that might hamper the delivery of services, which impede the progress of the program and/or which help to expedite any component of the program

Time frame measurements will be emphasized primarily during the first twelve months, but will continue throughout the grant period.

Riverside County will utilize Access 97 and SPSS to compile and analyze most of the data.

Riverside County will identify, monitor and/or analyze the following areas:

1. Obstacles that interfered with the implementation of the program (e.g., background investigations of new hires that extend beyond two month)
2. Unforeseen roadblocks or obstacles that created problems in service delivery to inmates

3. Comparison of historical information on mental health treatment (e.g., first visit, medication, etc.) Prior to MIOCR and with MIOCR.
 1. Is access to treatment easier than before program began?
 2. Are inmates seen sooner than before the program began??
20. Describe how you will document services received by the treatment and comparison members. Examples are: How many counseling sessions did the subject attend; how intense (and by what measure) was the drug treatment; did the subject complete the interventions, etc.?

Staff in the partner agencies will document all services received by participants in either the treatment or comparison groups. Included in the documentation will be the number and types of services received by all participants.

Computerized spreadsheets will be created which list the criteria to be documented. Copies will be distributed to all applicable staff (e.g., Classification, MH, Probation, etc.). Computer entry will be completed by the liaison Correctional Deputy.

21. What will be the criteria for completion of the program (by what criteria will you decide that the research subject has received the full measure of the treatment that is hypothesized to have a beneficial impact? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion of the program be determined by the participants' having achieved a particular outcome? If so, what will that outcome be and how will it be measured? An example is decreased risk as measured by a "level of functioning" instrument.

Participants in all groups will serve their sentence in the jail or dedicated housing unit and will be released once the sentence has been completed, irrespective of their improvement or lack thereof.

Discharge planning, for those selected for this intervention, will occur in anticipation of the release from custody and will end when the Riverside County staffperson has delivered the newly released MIO to their first outpatient mental health appointment. All special services associated with discharge planning (housing, subsidies, etc.) will have been arranged prior to the release date and will become accessible to the client through that first mental health appointment.

Intensive probation will be completed when the probation period has been completed.

22. If program completion will be linked to probation terms, how will you record those terms

and identify adequate completion? Examples include completion of mental health or substance abuse programs, etc.

For individuals with probation, completion of the program will occur simultaneously with the completion of probation. For those not on probation, completion of the program is independent of probation.

23. On what basis will a subject be terminated from the program and be deemed to have failed to complete the program? Will those who leave, drop out, fail, or are terminated from the program be tracked in terms of the research dependent variables? If so, for how long?

If the participant commits another crime, fails a drug and/or alcohol test, fails to report for treatment, if required, or fails to complete any other required component of their probation, they will be remanded to custody. During subsequent incarcerations, the MIO will be returned to the original treatment group or component.

The only exception to this would be for those MIOs who did not have probation during their first cycle through the program, but who are given probation following subsequent arrests.

After failing to meet the terms of their release two times, there will be no further interventions. However, the participant's case information will be used for the analysis and they will continue to be tracked.